

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551691

FILING DATE

01 JUN 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		0		
5		0		0		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11		0		3		
12		0		1		
13		0		1		
14		0		2		
15				1		
16				1		
17				1		
18				1		
19				1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	14		22			
TOTAL CLAIMS	15		23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						